

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 DEC 17 PM 2:09

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000051746**

1. Corporation Name

**IMAGIK INTERNATIONAL CORPORATION**

Principal Place of Business

Mailing Address

8011 N.W. 166TH ST.  
 MIAMI LAKES FL 33016

8011 N.W. 166TH ST.  
 MIAMI LAKES FL 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable <b>6073 NW 167 ST</b>		3. New Mailing Office Address, If Applicable <b>6073 NW 167 ST</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>06/18/1996</b>	
Suite, Apt. #, etc. <b>C 18</b>		Suite, Apt. #, etc. <b>C 18</b>		5. FEI Number <b>65-0589323</b>	
City & State <b>Miam, FL</b>		City & State <b>Miam, FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33015</b>	Country <b>USA</b>	Zip <b>33015</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SCHAMY, GEORGE	8011 N.W. 166TH ST.	MIAMI LAKES FL 33016
VP	VADILLO, PABLO	8011 NW 166TH ST	MAIMI FL 33016
T	<del>FIRST MONICA</del> <b>FIAT, MONICA</b>	8011 NW 166TH ST	MIAMI FL 33016
SD	FRAYND, SAUL	<del>P.O. BOX 800117</del> <b>N/A</b>	<del>MIAMI FL</del>

**REINSTATEMENT** 98 ~~12/15/98~~ **B. 12/21/98**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHAMY, GEORGE 8011 N.W. 166TH ST. MIAMI LAKES FL 33016	Name	<b>TONY B. 724194--8</b>		
	Street Address (P.O. Box Numbers Not Permitted)	<b>-12/29/98--01006--020</b>		
	Suite, Apt. #, Etc.	<b>***750.00 ***750.00</b>		
	City	State <b>FL</b>	Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: **SIGNATURE REQUIRED** Date: **12/15/98**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **SIGNATURE REQUIRED** Date: **12/15/98** (305) 512-4567.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)